

CLAIMS ONLY

SERIAL NO. 09/612 418

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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46	/					
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48						
49		/				
50		/				
TOTAL IND.	/					
TOTAL DEP.	18	↔	↔	↔	↔	
TOTAL CLAIMS	19					

TOTAL IND.				
TOTAL DEP.	14	↔	↔	↔
TOTAL CLAIMS	14			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS